## **Application Data Sheet**

#### **Application Information**

Application number::	Ap	pli	catio	on-	num	ber::
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Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Title:: COMMUNICATION CHANNEL CALIBRATION

FOR DRIFT CONDITIONS

Attorney Docket Number:: RBUS 1310-1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 19

Small Entity?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: FREDERICK

Middle Name:: A.

Family Name:: WARE

City of Residence:: LOS ALTOS HILLS

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 13961 Fremont Pines Lane

City of mailing address:: Los Altos Hills

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address: 94022

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: RICHARD

Middle Name::

Family Name:: PEREGO

City of Residence:: SAN JOSE

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 5938 Pala Mesa Drive

City of mailing address:: San Jose

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95123

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: CRAIG

Middle Name::

Family Name:: HAMPEL

City of Residence:: SAN JOSE

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 5927 Dunn Avenue

City of mailing address:: San Jose

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95123

# **Correspondence Information**

Correspondence Customer Number:: 38342

# **Representative Information**

Representative Customer Nur	nber::	38342	
- OR -			
Representative Designation::	Registr	ration Number::	Representative Name::

### **Assignee Information**

Assignee name:: RAMBUS, INC.

Street of mailing address:: 4440 EL CAMINO REAL

City of mailing address:: LOS ALTOS

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94022